

Rec'd PCT/PTO 29 AUG 2005

22886

10/530070

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.
 PTO/SB/01 (10-01)
 Approved for use through 10/31/2002. OMB 0851-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR
 DESIGN
 PATENT APPLICATION
 (37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 740-71
 First Named Inventor Deltmar Möller
COMPLETE IF KNOWN
 Application Number /
 Filing Date
 Group Art Unit
 Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SIM-CARD FOR OPERATION WITH A TERMINAL OF A COMMUNICATION NETWORK

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 102 46 124.4 ✓	Germany ✓	10/01/2002 ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/DE2003/003289 ✓	PCT	08/30/2003 ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Rec'd PCT/PTO 29 AUG 2005

10/530070

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 00616 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Dietmar

Family Name or Surname Möller

Inventor's Signature *[Signature]*

Date 03. Mai 2005

Bonn

Residence: City

State

Germany
Country

German
Citizenship

Königswinterer Str.785

Mailing Address

D-53227 Bonn

City

State

Zip

Germany
Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Georg

Family Name or Surname Steinle

Inventor's Signature *[Signature]*

Date 12. Mai 2005

Bonn

Residence: City

State

Germany
Country

German
Citizenship

Himmerichweg 44

Mailing Address

D-53227 Bonn

City

State

Zip

Germany
Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

BEST AVAILABLE COPY

Rec'd PCT/PTO 29 AUG 2005

10/530070

Please type a plus sign (+) inside this box → 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0036
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Dietmar Müller
Group Art Unit	
Examiner Name	
Attorney Docket Number	0740-071

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label here☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

T-Mobile Deutschland GmbH

Holger K. Anlaufsch

Stefan Pila

Signature

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date

06. Mai 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY